



MARION POLICE DEPARTMENT

1001 W. DeYoung St.
Marion, IL 62959
Phone: 618-993-2124
www.marionpolicedept.com

POLICE OFFICER APPLICATION

The Marion Police Department accepts for employment and promotes its employees without regard to perceived or actual race, color, religion, sex, national origin, sexual orientation, age, marital status, military status, physical or mental handicap unrelated to ability to perform the essential job functions or any other status or class protected by federal, state, or local law. The Marion Police Department bases its hiring practices and promotions on merit, experience, education and other qualifications applied to all applicants and in accordance with the principles of equal employment opportunity and as required by any other applicable federal, state, or local law. The Marion Police Department complies with the American with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify the City of Marion Human Resources Director in advance.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Marion Police Department. Please furnish us with complete information as outlined in this application.

Read every question carefully and answer each question accurately. An applicant may be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud in his/her applications, or examination of appointment. Any false statements on this application will be considered sufficient cause for dismissal. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by the Marion Police Department.

**THIS FORM IS A PART OF THE EXAMINATION PROCESS AND MUST BE COMPLETED IN ITS ENTIRETY
and ALL REQUIRED DOCUMENTS MUST BE ATTACHED UPON SUBMISSION.**

See the [Minimum Qualifications](#).

You cannot be considered for the position unless you meet these requirements.

Any questions concerning the employment process should be directed to the Marion Police Dept. 1001 W. DeYoung St. Marion, IL 62959; telephone number (618) 993-2124, Asst. Chief Tina Morrow.

MARION POLICE DEPARTMENT
CONTENTS OF APPLICATION PACKET

1. Notice of important dates (cover sheet)
2. Outline of position (Informational only)
3. City of Marion Employment Application (Must be completed and returned)
4. Certificate of Good Moral Character—three (3) required (Must be returned)
5. Military Service Points Application
6. Disclosure to Applicant (Must be returned)
7. Waiver for Work/Personnel Records (Must be returned)
8. MBI Employment Disclosure Form (Must be returned)
9. Merit Board Agreement Form (Must be returned)
10. Agility Evaluation Release Form (Must be returned)
11. Medical Examiner's Certificate (Must be returned)
12. Voluntary Self-Identification Data Form
13. Agility Evaluation Standards Information (Informational only)

Items that are marked “must be returned” must be returned to the Marion Police Department 1001 W. Deyoung Street Marion, IL 62959 by April 12, 2019.

NOTICE

Applications must be returned to the **CITY OF MARION POLICE DEPARTMENT** on or before:

4:00 P.M., Friday, April 12, 2019

Any packet received without **ALL** required materials / forms being completed will be rejected from consideration!

The Written Exam will be administered on:

SATURDAY, April 27, 2019 at 9:00 AM
Marion Training Center
211 E. Boulevard Street
Marion, Illinois

*This exam is pass/fail. You must pass (70% or higher) to proceed to the Physical Agility Evaluation. You will be told immediately of your written test results.

The Physical Agility Evaluation will be administered on:

SATURDAY, April 27, 2019 at 11:30 AM
The Hub
917 W. Main Street
Marion, Illinois

NOTE: It is recommended that you wear appropriate clothing for these activities.

BE ADVISED THAT THE MARION POLICE DEPARTMENT POLICE MERIT BOARD IS ADMINISTERING THESE TESTS TO ESTABLISH A LIST OF POTENTIALLY QUALIFIED APPLICANTS.

OUTLINE OF POLICE OFFICER POSITION

The Fire and Police Commission of the City of Marion is compiling a current eligibility list for the position of Patrolman, from which future hires may be made.

Below is an outline of the various points that you should know about the position with the City of Marion Police Department.

Please read the items carefully so there will be no misunderstanding of what the chosen candidate should expect and what will be expected of that candidate.

Residency: Patrolmen are required to live within 10 miles of Marion City Hall. Requirements to be met within 18 months of hire date.

Shifts: Patrolmen currently work four ten (10) hour shifts.

Salary, sick days, vacation days: Please refer to the contract for specifics and scale.

REQUIREMENTS

1. Applicants must be at least 20 years of age, but under 35 years of age.
2. Applicants must possess a minimum of an Associate degree from an accredited community college. (official transcripts required)

PROCEDURE

1. All testing is mandatory. Applicants will be required to provide driver's license for admittance to any part of the procedure. Applicants shall further be required to sign in at all testing procedures. Failure to attend any part of the procedure shall result in the disqualification of the applicant.
2. Written examination. The written test will be given to all applicants and is pass/fail with a minimal score of 70 % needed to pass and proceed.
3. Physical agility evaluation.
4. Oral examination. Given to all applicants who have completed all previous procedures.
5. Fully completed application packets must be turned in to the Marion Police Department by date published. Failure to do so will disqualify applicants from consideration.
6. Thorough background investigation will be conducted on all applicants. Applicants shall be required to sign documents authorizing release of all background information to the Police and Fire Commissioners. This information shall be held in a strictly confidential capacity.
7. When returning your application packet, please include the following:
 - A. Copy of birth certificate.
 - B. Copy of military service discharge (if applicable).
 - C. Copy of DD form #214 (if applicable).
 - D. Copy of high school diploma or G.E.D. certificate.
 - E. Copy of official college degree(s) and college transcripts.
 - F. Proof of previous law enforcement experience and certificates.
 - G. All signed waivers and release forms. **MANDATORY**
 - H. Original medical release – completed and signed by physician.
 - I. Any additional information you may feel is beneficial in consideration, as well as resumes.

*NOTE: None of the above will be returned to you. Please submit copies.

8. All applicants listed on eligibility list will be subject to medical examination and in-depth physiological examination.
9. Incomplete applications will be rejected and will disqualify candidates from testing.
10. Applicants who achieve minimum standards on ALL tests and evaluations will be put on a registry listing in alphabetical order. An appointment committee will then determine which successful applicant will be issued an offer of employment.
11. A thorough psychological exam and polygraph will be given prior to actual employment.

FIRE AND POLICE COMMISSIONERS

JOB APPLICATION



City of Marion Illinois
1102 Tower Square Plaza, Marion, Illinois 62959
618.993.6603

City Of Marion Illinois is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for City of Marion Illinois before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for City of Marion Illinois
If yes, state name & relationship:

Yes No

Are you 18 years of age or older?

Yes No

Are you a U.S. citizen or approved to work in the United States?

Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?

Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Specialized Skills

List professional, trade, business or civic activities and offices held

Other qualifications

**** PLEASE NOTE:** No applicant is obligated to disclose any expunged records, adjudication or arrest while they were a juvenile pursuant to Illinois Public Act 100-0285, including any ordinance violations. Furthermore, any information obtained through this application process regarding any expunged juvenile record is confidential and will NOT be disclosed in any manner by the City.

Applicant Signature: _____

Dated: _____

CERTIFICATE OF GOOD MORAL CHARACTER

To: Board of City of Marion Police and Fire Commissioners

I, _____ (name), of _____ (address),

_____ (phone), do certify that I do not hold any elected or appointed position in municipal, county or state government, nor in any branch of the United States Government.

I have known Mr./Ms. _____ for the past three (3) years and he/she is a person of good moral character, of correct and orderly deportment, of temperate, industrious habits, and in my opinion, is qualified in all respects for the position of Police Officer.

Additional comments: _____

_____.

I _____ am _____ am not related to the applicant.

I further certify that I am willing that this Certificate of Good Moral Character be made public.

Signature: _____

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Signature: _____

MILITARY SERVICE POINTS

To: City of Marion Police and Fire Commissioners

Gentlemen:

I, _____, do hereby state that:

_____ I desire to use my military service points toward the examination for police officer with the City of Marion.

_____ I was not in the service.

_____ I do not wish to use my service points.

Date: _____

Signature: _____

Note: If you desire to use military service points, you must furnish us with a copy of your service discharge and DD Form #214.

DISCLOSURE TO APPLICANT

The City of Marion, IL may obtain a consumer report (commonly known as a credit report) for employment purposes.

The Fair Credit Reporting Act provides:

A person (e.g., City) may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer unless:

- A. A clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purpose; and
- B. The consumer has authorized the procurement of the report by that person.

AUTHORIZATION

I, the undersigned, hereby authorize in writing the procurement of a consumer report by the City of Marion, IL.

DATED: _____

SIGNATURE: _____

WAIVER FOR WORK/PERSONNEL RECORDS

DATE: _____

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Marion Police and Fire Commissioners any and all information that you may have concerning me, my work record or my reputation.

Please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Marion Police Department.

I hereby release you and/or your employer from any liability and damage of any nature as a result of furnishing the information requested.

Signature: _____

MBI EMPLOYMENT DISCLOSURE & RELEASE OF PERSONAL HISTORY FORM

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with an address to obtain copy of the consumer/credit report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, credit history, criminal history and mode of living. This information may be obtained by contacting your previous employers, local and/or state law enforcement authorities or reference supplied by you. Please be advised that you have the right to request in writing, within a reasonable amount of time, that we make a disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you within five days of the time the report was first requested.

I, _____ with the intention of binding myself, my heirs, executors, administrators, and assigns, release and discharge Midwest Backgrounds, Inc. ("M.B.I."), its officer, officials, employees and agents and all persons, companies or agencies retained by M.B.I. to perform the investigation of my personal history from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have, or claim to have against M.B.I., its officer, officials, employees and agents, and all persons, companies, or agencies retained by M.B.I. to perform the investigation of my personal history arising out of the performance of any and all personal history investigation.

M.B.I. is also hereby authorized to make any review, inquiry or investigation into my personal, professional, residential, past employment including worker's compensation filings, credit and/or criminal history (hereinafter referred to as "personal history") through any agency, company or person that may retain information regarding such categories. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached supplement sheet to the document.

I hereby release all law enforcement agencies, department of labor aka. Worker's compensation agencies, employers, landlords, and their officials, employees or representatives, from any and all liability for any injury or damage that may result from furnishing any personal history to M.B.I.

I do hereby authorize and request all local, state and/or federal law enforcement agencies, prior employers, prior landlords or property manager, credit bureaus, and any other agency or person that may have information relating to my character, general reputation, personal characteristics, worker's compensation claim filings, driving record and mode of living, to release any and all requested information for my personal, professional, employment, residential and/or criminal history to M.B.I. upon M.B.I.'s request. I hereby release and hold harmless all aforementioned parties from any cause of action or liability that may arise for any personal injury or damage that may result from furnishing the same to M.B.I.

PLEASE WRITE LEGIBLY

APPLICANTS PRINTED NAME _____
Last Name First Name Middle
OTHER NAMES KNOWN BY _____
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
APPLICANTS ADDRESS _____
CITY _____ STATE _____ ZIP _____
DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

By initialing, I understand that the following information is for the exclusive use of M.B.I. to acquire my accurate personal history, and by no means will an employment decision be based on this information.

_____ Initials

(Circle One) MALE FEMALE Race _____

By my signature below, I hereby authorize Midwest Backgrounds, Inc. to obtain my personal history I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to M.B.I. for the collection and release of the aforementioned information.

SIGNATURE OF APPLICANT _____ DATE _____

Give copy with Summary of Rights to applicant. Retain copy for your files

AGREEMENT

To: Board of Police & Fire Commissioners City of Marion, Illinois

I hereby agree to abide by all rules and regulations of the Board of Police and Fire Commissioners for the City of Marion, IL during and after taking the examination, and during any probationary period which might be applicable as a regular member of the Marion Police Department.

Dated this _____ day of _____, 20_____.

Signature_____.

AGILITY EVALUATION

RELEASE OF ALL LIABILITIES

I hereby release and discharge the City of Marion, a municipal corporation, its officers, servants, agents and employees of, and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person that may have been caused by, or may at any time arise, as the result of a certain Police Department, Examination Agility Evaluation, conducted by the Board of Police and Fire Commissioners of said City of Marion, the intention hereof being to completely, absolutely, and finally release said City of Marion and its officers, servants, agents and employees of and from any and all liability, arising wholly or partially from the cause aforesaid.

Dated at Marion, Illinois this _____ day of _____, 20_____.

Signature of Examinee

Witness

MEDICAL EXAMINER'S CERTIFICATE

Name of Applicant: _____

Address: _____

Telephone number: _____

This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a strenuous agility performance evaluation consisting of a distance run, push-ups, sit ups, as well as other tests of physical endurance. He/she will be participating in these exercises to demonstrate physical agility in performing the duties for the City of Marion Police Department.

Signed: _____

Signature of Physician

Address: _____

Dated: _____

Voluntary Self-Identification Data

We consider all applicants for positions without regard to race, religion, national origin, sex, citizenship, age, mental or physical disability, or sexual preference. In order to comply with applicable requirements for Federal government recordkeeping and reporting, and to ensure that the City of Marion meets EEOC legal requirements, the following information is being included in the Application for Employment for the City of Marion. Completion of this form is strictly voluntary. This information will not affect the hiring process in any way, nor will there be any negative personnel decision if the applicant does not fill out this form. This form will not be kept in your personnel file. Should you have questions about the information contained in this form, you may contact the Human Resource Office, located in City Hall. Thank you for your cooperation.

Sex Male Female

Race Caucasian

Hispanic

African American

Native American (American Indian)

Asian

Hawaiian/Pacific Islander

Other

Two or More Races (please specify)

Veteran status

Veteran

Veteran, disabled

Other disability status:

What Are the Standards?

- The actual performance requirement for each test is based upon norms for a national population sample.
- The applicant must pass every test.
- The required performance to pass each test is based upon age (decade) and sex. While the absolute performance is different for the eight categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile range in terms of their respective age/sex group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and sex group.

POWER CHART

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute Sit-Up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44